Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 1 of 62

@ 1993-2013 EZ-Filing. Inc. [1-800-998-2424] - Forms Software Only
) 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Softwa
1993-2013 EZ-Filing. Inc. [1-800-998-2424] - Forms Si
1993-2013 EZ-Filing. Inc. [1-800-998-2424] - Fi
1993-2013 EZ-Filing. In
1993-2013 EZ-I
1993-2013
199

B1 (Official Forr	n 1) (04/1.	3)											
		United Nort				uptcy of Illir					Vol	untary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Starzyk, Adam E.					Name of Joint Debtor (Spouse) (Last, First, Middle): Starzyk, Arny J.								
All Other Names use (include married, ma			3 years					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 9486					Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 2068								
Street Address of Do 15557 Rockdale i South Beloit, IL		Street, City, St	ate & Z	Zip Code):		15557 Ro	Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 15557 Rockdale Rd. South Beloit, IL				ate & Zip Code):		
•			Z	ZIPCODE 61080								ZIPCODE 61080	
County of Residence Winnebago	or of the Prin	ncipal Place of	Busin	ess:			County of Winneba		e or of tl	he Principal Plac	ce of Busi	ness:	
Mailing Address of	Debtor (if diff	erent from str	cet add	ress)			Mailing Ac	dress of	Joint De	btor (if differen	t from str	eet address):	
				IPCODI				<u></u>				ZIPCODE	
Location of Principa	l Assets of Bu	isiness Debtor	(if diff	erent fro	m stre	et address	above):				_		
									,			ZIPCODE	
	ype of Debto: n of Organizat		,				f Business one box.)					Code Under Which (Check one box.)	
	heck one box			Health Care Business Single Asset Real Estate U.S.C. § 101(51B) Railroad			•	Chapter 7			Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 15 Petition for		
Individual (includ							state as defined i			apter 9			
See Exhibit D on Corporation (included)							•						
Partnership				Stockbroker				Chapter 13			Recognition of a Foreign		
Other (If debtor is check this box an				Commodity Broker Clearing Bank							Nor Nature of	nmain Proceeding	
				Other					(Check one box.)				
	apter 15 Debi			Tax-Exempt Er						bts are primaril			
Country of debtor's center of main interests:				(Check box, if a						ots, defined in 1 01(8) as "incum		business debts.	
Each country in whi regarding, or agains				Debtor is a tax-exempt			npt organization		ind	ividual primaril	y for a		
regarding, or agains	a debior is per			Title 26 of the United States Code Internal Revenue Code).				personal, family, or house- hold purpose."					
	Filing Fee (C	heck one box)							<u> </u>	oter 11 Debtors	s		
Full Filing Fee att	•	,				Check o			•	'			
							or is a small busi or is not a small b						
Filing Fee to be p				ndividua	ls	Check if		usiness u			3,0.0. , .	o ((o 1 o) ,	
consideration cert except in installm	tifying that the	debtor is una	ble to p			Debto	r's aggregate nonco					to insiders or affiliates) are le e years thereafter).	
Filing Fee waiver	requested (A	nnlicable to ch	anter 7	individ	ıals	Check a	Il applicable bo	es:			• • • • • • •		
only). Must attach	h signed appli	cation for the				Acce	n is being filed w ptances of the pla dance with 11 U.	n were so	olicited p	prepetition from	one or m	ore classes of creditors, ir	
Statistical/Admini	strative Info	rmation				accor	wante with 11 U.	J.C. 8 11	20(0).			THIS SPACE IS FO	
Debtor estimate	s that funds w	ill be available						id, there v	vill be n	o funds availab	le for	COURT USE ONL	
distribution to u								.,			····	_	
Estimated Number of		_						_					
☐ ☐ 1-49 50-99	₩ 100-199	200-999	1,000		5,001	-	10,001-	25,001-		50,001-	Over		
			5,000		10,00		25,000	50,000		100,000	100,000	_	
Estimated Assets	⊋ ′				П								
		\$500,001 to		0,001 to		100,000	\$50,000,001 to	_	0,001	\$500,000,001		an	
\$50,000 \$100,000	\$500,000	\$1 million	\$10 m				\$100 million	to \$500	million	to \$1 billion	\$1 billion	n	
Estimated Liabilities	□												
\$0 to \$50,001 to													

B1 (Official Form 1) (04/13)		Page 2
Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Starzyk, Adam E. & Starzyk	, Amy J.
All Prior Bankruptcy Case Filed Within Last	t 8 Years (If more than two, attac	ch additional sheet)
Location Where Filed:None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or	Affiliate of this Debtor (If mo	re than one, attach additional sheet)
Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition.	(To be completed whose debts are p I, the attorney for the petitioner that I have informed the petitio chapter 7, 11, 12, or 13 of ti explained the relief available up	if debtor is an individual rimarily consumer debts.) named in the foregoing petition, declare ner that [he or she] may proceed under the 11, United States Code, and have der each such chapter. I further certify notice required by 11 U.S.C. § 342(b).
	X /s/ Adam W. Becker Signature of Attorney for Debtor(s)	2/11/15 Date
Yes, and Exhibit C is attached and made a part of this petition. No	Shi D	
(To be completed by every individual debtor. If a joint petition is filed, e Exhibit D completed and signed by the debtor is attached and ma	· · · · · · ·	ach a separate Exhibit D.)
If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attach	ed a made a part of this petition.	
Information Regardi	ng the Debtor - Venue	
(Check any a Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180	pplicable box.) of business, or principal assets in the days than in any other District.	nis District for 180 days immediately
There is a bankruptcy case concerning debtor's affiliate, general		this District.
Debtor is a debtor in a foreign proceeding and has its principal plor has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg	but is a defendant in an action or p	roceeding [in a federal or state court]
Certification by a Debtor Who Resid (Check all app Landlord has a judgment against the debtor for possession of debtor	olicable boxes.)	
(Name of landlord th	at obtained judgment)	
(Address	of landlord)	
Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos	e circumstances under which the c	
Debtor has included in this petition the deposit with the court of filing of the petition.	any rent that would become due d	luring the 30-day period after the
Debtor certifies that he/she has served the Landlord with this cer	tification. (11 U.S.C. § 362(1)).	

B1 (Official Form 1) (04/13)	Page 3
Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Starzyk, Adam E. & Starzyk, Amy J.
Signa	atures
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Adam E. Starzyk Signature of Debtor Adam E. Starzyk Signature of Joint Debtor (815) 909-7537 Telephone Number (If not represented by attorney) February 11, 2015	Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X Signature of Foreign Representative Printed Name of Foreign Representative Date
Signature of Attorney* X /s/ Adam W. Becker Signature of Attorney for Debtor(s) Adam W. Becker 6299066 A Law Office of Crosby and Associates, PC & American Law Firm, PC 475 Executive Parkway Rockford, IL 61107 (815) 397-2006 Fax: (815) 394-1955 abecker@thecrosbylawfirm.com	Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Printed Name and title, if any, of Bankruptcy Petition Preparer Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the
February 11, 2015 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Address X Signature Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.
Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date	Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

ය 1993-2013 EZ-Filing, Inc [1-800-998-2424] - Forms Software Only

United States Bankruptcy Court Northern District of Illinois

IN	RE:	Case No.
St	rzyk, Adam E. & Starzyk, Amy J. Debter(s)	Chapter 7
	· · · · · · · · · · · · · · · · · ·	TION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that	I am the attorney for the above-named debtor(s) and that compensation paid to me within to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation
	For legal services, I have agreed to accept	s1,300.00
	Prior to the filing of this statement I have received	s1,300.00
	Balance Due	s0.00
2.	The source of the compensation paid to me was: Debtor Other (sp	ecify):
3.	The source of compensation to be paid to me is:	ecify):
4.	1 have not agreed to share the above-disclosed compensation with any of	ther person unless they are members and associates of my law firm.
	1 have agreed to share the above-disclosed compensation with a person together with a list of the names of the people sharing in the compensation	or persons who are not members or associates of my law firm. A copy of the agreement, ion, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for	r all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the b. Preparation and filing of any petition, schedules, statement of affairs ar c. Representation of the debtor at the meeting of creditors and confirmation d. Representation of the debtor in adversary proceedings and other contoc e. [Other provisions as needed] Negotiations with secured creditors to reduce to market agreements and application as needed; preparation and liens on household goods.	id plan which may be required; on hearing, and any adjourned hearings thereof;
6.	By agreement with the debtor(s), the above disclosed fee does not include the Representation of the debtor(s) in any dischargeability a other adversary proceeding.	e following services: octions, judicial lien avoidances, relief from stay actions or any
	CER certify that the foregoing is a complete statement of any agreement or arrange proceeding	TIFICATION ment for payment to me for representation of the debtor(s) in this bankruptcy
	A Law Offic PC & Ameri	. Becker ecker 6299066 e of Crosby and Associates, can Law Firm, PC ve Parkway



MICHAEL S. CROSBY

Mark D. Brynteson**
Dennis M. McDougall
Dave J. Hugdahl
Zachary T. Townsend*
Taja D. Winzeler
Shneera Habib
Adam W. Becker
Carin C. Brio
*Licensed in IL & WI

**Licensed in IL & VA

A LAW OFFICE OF CROSBY & ASSOCIATES

A PROFESSIONAL CORPORATION 475 EXECUTIVE PARKWAY ROCKFORD, ILLINOIS 61107 Office (815) 397-2006 Fax (815) 394-1955

LAW FIRM ADVANCE PAYMENT REPRESENTATION AGREEMENT BANKRUPTCY MATTER

Client(s): Adap + Any Starzyk

Thank you for our recent meeting, during which you agreed to retain A LAW OFFICE OF CROSBY & ASSOCIATES, P.C. (hereinafter referred to as "The Law Firm") to represent you in connection with your financial difficulties or in seeking bankruptcy relief and this firm accepted that employment. Attorney will be working with you on your case along with the bankruptcy assistant. Please direct any legal and substantive questions to the attorney working with you and direct all other inquiries to the bankruptcy assistant. In most cases, the bankruptcy assistant will be able to help resolve your concerns. Any questions concerning your financial obligations to The Law Firm may be directed to our bookkeeping department.

Please accept this letter as confirmation of our mutual understanding regarding this firm's acceptance of your case. You agreed to pay a flat fee advance payment of you. On and an additional for projected costs, which will be incurred, including photocopy charges, postage, and the fee to file your case with the U.S. Federal Bankruptcy Office. It is our policy that no bankruptcy case will be filed until such time as your fees and costs are paid in full. However, The Law Firm will work with you in preparing your bankruptcy petition if you are unable to provide the full amount owed at the time you retain The Law Firm. If the actual costs for your case are less than your remittance for that purpose, we reserve the right to retain any remaining balance. The client(s) further understand that if a promisor agrees to pay any portion of the law firms legal fees and/or costs relating to this case, the client(s) hereby agree to the terms of the "Promise of Payment of Account" as set forth herein.

As stated in **Dowling vs. Chicago Options Assoc.**, **Inc.**, and pursuant to the Illinois Rules of Professional Conduct, and the Attorney Registration and Disciplinary Commission's Client Trust Handbook the parties agree to the following:

- Client has been advised that the flat fee advance payment becomes the property of the Law Firm when paid.
- Client has been advised of the option to place the flat fee advance payment into a security retainer.
- Client has been advised that the choice of the type of retainer to be used is the Client's alone
- Client has been advised that The Law Firm is unwilling to represent the client without receiving a flat fee advance payment because a security retainer would not be in the client's best interest and the Client and The Law Firm agree that the prepayment is

www.thecrosbylawfirm.com _

Client has been advised 12 at a flat fee advance payment best mr s Client's needs as the funds for the flat fee admine are for the special purpose(s) of preparing an estate plan and thus a security retainer would be considered an asset of Client's and could be subject to creditors' claims or a third-party claimant and/or the funds used for payment of fees may be at risk.

The Law Firm agrees to represent you in investigating and analyzing your financial circumstances, preparing a bankruptcy petition, representing you at a creditors' meeting and negotiating reaffirmation agreements on your behalf. The Law Firm will keep you apprised of the progress of your case and informed about any actions taken against you by your creditors. The Law Firm does not agree to represent you in connection with any ancillary matters. The Law Firm does not agree to represent you in connection with any ancillary matters, including mortgage foreclosures, pending lawsuits or adversary proceedings in bankruptcy court. If you should desire our assistance with any other matter, please feel free to contact us for a free office consultation.

Please be advised that we will close your file and consider our representation concluded upon the issuance of a Discharge Order by the U.S. Federal Bankruptcy Court.

You acknowledge that preparing a bankruptcy case requires your complete financial history, which necessitates your full and ongoing cooperation in providing information as requested.

You further acknowledge that you find this agreement to be satisfactory, fully understand all terms and provisions contained herein, and have been provided a copy of this agreement.

Filed 02/11/15 Entered 02/11/15 11:49:20

wo Pocyment Rage 6 of 62 mmm

Desc Main

Client Signature

Client Signature

Date

Attorney

Date

Case 15-80331

Doc 1

2 1993-2013 EZ-Fling, Inc. [1-600-998-2424] - Forms Software Only

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.

Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

Form B 201A, Notice to Consumer Debtor(s)

Page 2

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13:</u> Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filling fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

IN RE:	Ca	se No.
Starzyk, Adam E. & Starzyk, Amy J.	Ch	apter 7
Debtor(s)		
	OF NOTICE TO CONSUMER DEB 2(b) OF THE BANKRUPTCY COD	
Certificate of [No	on-Attorney Bankruptcy Petition Pre	parer
I, the [non-attorney] bankruptcy petition preparer signotice, as required by § 342(b) of the Bankruptcy Co		at I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Address:	petii the s prin the l	al Security number (If the bankruptcy ion preparer is not an individual, state Social Security number of the officer, cipal, responsible person, or partner of bankruptcy petition preparer.) quired by 11 U.S.C. § 110.)
XSignature of Bankruptcy Petition Preparer of officer, partner whose Social Security number is provided at		
	Certificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have receive	d and read the attached notice, as required t	by § 342(b) of the Bankruptcy Code.
I (We), the debtor(s), affirm that I (we) have receive Starzyk, Adam E. & Starzyk, Amy J.		
Starzyk, Adam E. & Starzyk, Amy J.	X /s/ Adam E. Starzyk Signature of Debtor	2/06/2015 Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 10 of 62

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

IN RE:	Case No.
Starzyk, Adam E. & Starzyk, Amy J.	Chapter 7
Debtor(s)	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
Λ - Real Property	Yes	1	\$ 121,640.00		
B - Personal Property	Yes	3	\$ 6,686.87		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 126,467.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	25		\$ 133,970.04	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
1 - Current Income of Individual Debtor(s)	Yes	2			\$ 3,329.74
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 3,940.00
	TOTAL	39	\$ 128,326.87	\$ 260,437.04	

© 1993-2013 EZ-Filing, Inc [1-800-998-2424] - Forms Software Only

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

IN RE:	Case No.		
Starzyk, Adam E. & Starzyk, Amy J.	Chapter 7		
Debtor(s)	•		
STATISTICAL SUMMARY OF CERTAIN LIABII	LITIES AND RELATED DATA (28 U.S.C. § 159)		
If you are an individual debtor whose debts are primarily co U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must re	onsumer debts, as defined in § 101(8) of the Bankruptcy Code (11 port all information requested below.		

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	ı	Amount
Domestic Support Obligations (from Schedule E)	\$	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$	0.00
Student Loan Obligations (from Schedule F)	\$	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$	0.00
TOTAL	\$	0.00

State the following:

Average Income (from Schedule I, Line 12)	\$	3,329.74
Average Expenses (from Schedule J, Line 22)	\$	3,940.00
Current Monthly Income (from Form 22A-1Line 11: OR , Form 22B Line 14: OR , Form 22C-1 Line 14.)	6	4.992.91

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 4,827.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 133,970.04
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 138,797.04

counseling briefing.

BID (Official Form I, Exhibit D) (12/09)

Northern District of Illinois United States Bankruptey Court

to stop ereditors' collection activities. and you file another bankruptey case later, you may be required to pay a second filing fee and you may have to take extra steps whatever filing see you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot CREDIT COUNSELING REQUIREMENT EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE Starzyk, Adam E. Chapter 🖊 IN RE: Case No.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file this Exhibit D. Check

one of the five statements helow and attach any documents as directed.

certificate and a copy of any deht repayment plan developed through the agency. performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Anach a copy of the the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in Vithin the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by

the agency no later than 14 days after your bankrupicy case is filed a copy of a certificale from the agency describing the services provided to you and a copy of any debt repayment plan developed through performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by

days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven

requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your you file your bankruptey petition and promptly file a certificate from the agency that provided the counseling, together with a copy If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after

also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy ease without first receiving a credit

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable motion for determination by the court.] 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a

of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to

participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h)

ques not apply in this district.

Date: February 6, 2015 Signature of Debtor: /s/ Adam E. Starzyk

I certify under penalty of perjury that the information provided above is true and correct.

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 13 of 62

B1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

Debtor(s) EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF CREDIT COUNSELING REQUIREMENT OF CREDIT COUNSELING RECUIREMENT OF CREDIT COUNSELING RECUIREMENT OF CREDIT COUNSELORS.	Case No.
EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT (CREDIT COUNSELING REQUIREMENT) Warning: You must be able to check truthfully one of the five statements regarding c do so, you are not eligible to file a bankruptcy case, and the court can dismiss any cas whatever filing fee you paid, and your creditors will be able to resume collection acti and you file another bankruptcy case later, you may be required to pay a second filir to stop creditors' collection activities. Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must one of the five statements below and attach any documents as directed. 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing the United States trustee or bankruptcy administrator that outlined the opportunities for a performing a related budget analysis, and I have a certificate from the agency describing the	Chapter 7
CREDIT COUNSELING REQUIREMENT Warning: You must be able to check truthfully one of the five statements regarding controls do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case whatever filing fee you paid, and your creditors will be able to resume collection activated and you file another bankruptcy case later, you may be required to pay a second filing to stop creditors' collection activities. Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must one of the five statements below and attach any documents as directed. 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing the United States trustee or bankruptcy administrator that outlined the opportunities for a performing a related budget analysis, and I have a certificate from the agency describing the	•
do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case whatever filing fee you paid, and your creditors will be able to resume collection activated and you file another bankruptcy case later, you may be required to pay a second filing to stop creditors' collection activities. Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must one of the five statements below and attach any documents as directed. 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing the United States trustee or bankruptcy administrator that outlined the opportunities for a performing a related budget analysis, and I have a certificate from the agency describing the	
one of the five statements below and attach any documents as directed. 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing the United States trustee or bankruptcy administrator that outlined the opportunities for a performing a related budget analysis, and I have a certificate from the agency describing the	se you do file. If that happens, you will lose ivities against you. If your case is dismissed
the United States trustee or bankruptcy administrator that outlined the opportunities for a performing a related budget analysis, and I have a certificate from the agency describing the	complete and file a separate Exhibit D. Check
certificate and a copy of any debt repayment plan developed through the agency.	available credit counseling and assisted me in
2. Within the 180 days before the filing of my bankruptcy case. I received a briefing the United States trustee or bankruptcy administrator that outlined the opportunities for a performing a related budget analysis, but I do not have a certificate from the agency describe a copy of a certificate from the agency describing the services provided to you and a copy of the agency no later than 14 days after your bankruptcy case is filed.	ivailable credit counseling and assisted me in bing the services provided to me. You must file of any debt repayment plan developed through
☐ 3. I certify that I requested credit counseling services from an approved agency but was days from the time I made my request, and the following exigent circumstances merit requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here]	a temporary waiver of the credit counseling
If your certification is satisfactory to the court, you must still obtain the credit count you file your bankruptcy petition and promptly file a certificate from the agency that p of any debt management plan developed through the agency. Failure to fulfill these r case. Any extension of the 30-day deadline can be granted only for cause and is limit also be dismissed if the court is not satisfied with your reasons for filing your bank counseling briefing.	provided the counseling, together with a copy requirements may result in dismissal of your ed to a maximum of 15 days. Your case may
4. I am not required to receive a credit counseling briefing because of: [Check the appliantion for determination by the court.]	
Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illr of realizing and making rational decisions with respect to financial responsibilities	ness or mental deficiency so as to be incapable s.);
 Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the externation participate in a credit counseling briefing in person, by telephone, or through the I Active military duty in a military combat zone. 	ent of being unable, after reasonable effort, to
5. The United States trustee or bankruptcy administrator has determined that the credit does not apply in this district.	counseling requirement of 11 U.S.C. § 109(h)
I certify under penalty of perjury that the information provided above is true and c	orrect.
Signature of Debtor: /s/ Amy J. Starzyk	
Date: February 6, 2015	

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 14 of 62

B6A (Official Form 6A) (12/07)	
IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

	mpnon clannoz m mo propo			
DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT. OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Single family residence commonly known as 15557 Rockdale,		J	121,640.00	122,869.00
Rd. South Beloit, IL 61080				
2 story, 4 bedroom, 2 bath home with attached garage (value based on real estate tax bill)				
(Value based on real estate tax sin)				
		ŀ		
	j			
				•
		ļ		
				1
				1

TOTAL

121,640.00

@ 1993-2013 EZ-Filing. Inc. [1-800-998-2424] - Forms Software Only

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 15 of 62

B6B (Official Form 6B) (12/07)

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. Sec, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT. OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand	X			40.00
2.	Checking, savings or other financial accounts, certificates of deposit or		Checking account with Castle Bank(5993)	W	10.00
	shares in banks, savings and loan,		Checking account with Community Bank (6501)	H w	100.00 25.00
	thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with Member's Alliance Credit Union (8196) Savings account with Members Alliance Credit Union (8196)	w	25.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	x			
4.	Household goods and furnishings,		Household goods and furnishings		2,540.00
	include audio, video, and computer equipment.		Misc. tools and lawn care equipment	J	450.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	x			
6.	Wearing apparel		Clothing		350.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.		Sporting/Hobby Equipment	J	300.00
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issue.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401 (K) Profit Sharing Plan held by Principal Financial Group (statement dated through 12/31/14)	Н	580.87
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			

B6B (Official Form 6B) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Dehtor(s)		(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

				F.	
	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.		2014 Tax Return	J	unknown
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		1993 Buick Century in fiar condition with 150,000 miles (does not run at this time) (value determined by KBB private party)	W	740.00
			1999 Chevrolet Prism in fair condition with 222,000 miles (value based on recent purchase)	w	400.00
			2003 Hyundai Elantra in fair condition with 204,000 miles (value based on KBB private party)	w	1,166.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
<u> </u>					

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 17 of 62

B6B (Official Form 6B) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

(Continuation Once)				
TYPE OF PROPERTY	202	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
 31. Animals. 32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize. 	XXXX			
	•	то	TAL	6,686.87

@ 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 18 of 62

B6C (Official Form 6C) (04/13)

IN	RE	Starzyk,	Adam E	. & Starz	yk, Amy J.

Case	No.	

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

Check if debtor claims a homestead exemption that exceeds \$155,675. *

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Checking account with Castle Bank(5993)	735 ILCS 5 §12-1001(b)	10.00	10.00
Checking account with Community Bank (6501)	735 ILCS 5 §12-1001(b)	100.00	100.00
Checking account with Member's Alliance Credit Union (8196)	735 ILCS 5 §12-1001(b)	25.00	25.00
Savings account with Members Alliance Credit Union (8196)	735 ILCS 5 §12-1001(b)	25.00	25.00
Household goods and furnishings	735 ILCS 5 §12-1001(b)	2,540.00	2,540.00
Misc. tools and lawn care equipment	735 ILCS 5 §12-1001(b)	450.00	450.00
Clothing	735 ILCS 5 §12-1001(a)	350.00	350.00
Sporting/Hobby Equipment	735 ILCS 5 §12-1001(b)	300.00	300.00
401 (K) Profit Sharing Plan held by Principal Financial Group (statement dated through 12/31/14)	40 ILCS 5 §§22-230, 4-135, 6-213, 19-117	580.87	580.87
2014 Tax Return	735 ILCS 5 §12-1001(b)	3,420.00	unknown
1993 Buick Century in fiar condition with 150,000 miles (does not run at this time) (value determined by KBB private party)	735 ILCS 5 §12-1001(b)	740.00	740.00
1999 Chevrolet Prism in fair condition with 222,000 miles (value based on recent purchase)	735 ILCS 5 §12-1001(b)	400.00	400.00
2003 Hyundai Elantra in fair condition with 204,000 miles (value based on KBB private party)	735 ILCS 5 §12-1001(c)	1,166.00	1,166.00

^{*} Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 19 of 62

B6D (Official Form 6D) (12/07)	
IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

⇒ 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATI: CLAIM WAS INCURRED. NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1195170000000001	T	J	INSTALLMENT ACCOUNT OPENED				3,598.00	3,598.00
Amr Eagle Bk 556 Randall Road South Elgin, IL 60177			4/2008 VALUE \$					
ACCOUNT NO. 601547045	+	<u> </u>	MORTGAGE ACCOUNT OPENED 5/2009	╁	t	\vdash	122,869.00	1,229.00
Nationstar Mortgage Llc Attn: Bankruptcy 350 Highland Dr Lewisville, TX 75067			VALUE\$ 121,640.00					
ACCOUNT NO.								
ACCOUNT NO.	+	-	VALUE \$	╁	╁	┢		
ACCOUNT NO.			VALUE \$					
0 continuation sheets attached			(Total of t		btot pag		s 126,467.00	s 4,827.00
			(Use only on l		Tot pag		\$ 126,467.00 (Report also on	\$ 4,827.00 (If applicable, report

also on Statistical Summary of Certain Liabilities and Related

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 20 of 62

B6E (Official Form 6E) (04/13)

IN RE Starzyk, Adam E. & Starzyk, Amy J.

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filling of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. Sec. 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

on t	eport the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed his Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the istical Summary of Certain Liabilities and Related Data.									
liste	Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data									
	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.									
TY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)									
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).									
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).									
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).									
	Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).									
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).									
	Deposits by individuals Claims of individuals up to \$2.775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).									
	Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).									
	Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).									
	Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).									
	* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.									

@ 1993-2013 EZ-Fiing, Inc. [1-800-998-2424] - Forms Sutware Only

0 continuation sheets attached

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 21 of 62

B6F (Official Form 6F) (12/07)	
IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	LOUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 537289		w	OPEN ACCOUNT OPENED 9/2013		T	T	
Accounts Receivable Mg 7834 N 2nd St Ste 5 Machesney Park, IL 61115							518.00
ACCOUNT NO. 538787	$\neg \vdash$	w	OPEN ACCOUNT OPENED 4/2014		t	†	
Accounts Receivable Mg 7834 N 2nd St Ste 5 Machesney Park, IL 61115							40.00
ACCOUNT NO. D110350n1			OPEN ACCOUNT OPENED 0/		T	T	
Acct Rcv Svc 5183 Harlem Rd Ste Loves Park, IL 61111							
57570		J	Medical Bill		\downarrow	+	66.00
ACCOUNT NO. 57578 Affiliated Surgeons Of Rockford P.O. Box 15730 Loves Park, IL 61132-5730		,	imedical Bill				
L.,		1		l Su	L	lat.	547.84
24 continuation sheets attached			(Total (Use only on last page of the completed Schedule F. R the Summary of Schedules and, if applicable, on Summary of Certain Liabilities and R	of this eport al he Stat	pa _l To Iso Isti	ge) stal on cal	

B6F (Offici	al Form	6F) (12/07)	- Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Dehorfs)		(If known)

		((Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF. SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO. A0932000589	T	Н	OPEN ACCOUNT OPENED 2/2012	T				
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							71	.00
ACCOUNT NO. A1032300308		Н	OPEN ACCOUNT OPENED 2/2012					
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							68	.00
ACCOUNT NO. 101033296	T	w	OPEN ACCOUNT OPENED 5/2014	1	T	Γ		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							61	1.00
ACCOUNT NO. 150359013	T	Н	OPEN ACCOUNT OPENED 5/2014	T	T	T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							55	5.00
ACCOUNT NO. 150359023	t	Н	OPEN ACCOUNT OPENED 5/2014	+	T	T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							55	5.00
ACCOUNT NO. A1207900324	\dagger	Н	OPEN ACCOUNT OPENED 6/2013	+	╁	十		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							104	4.00
ACCOUNT NO. A1208900082	+	Н	OPEN ACCOUNT OPENED 7/2013	+	\dagger	\dagger		
Americollect Inc Attn: Bankruptcy Po Box 1566								
Manitowoc, WI 54221				\perp			103	3.00
Sheet no. 1 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of			ge)	\$ 517	7.00
			(Use only on last page of the completed Schedule F. Rep- the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	ort al Stati	so istic	on cal	s	

36F	(Official	Form	6F)	(12/07)	- Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Debtor(s)		(lf known)

			Continuation Sneet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A1029500397		Н	OPEN ACCOUNT OPENED 2/2012	+	Γ	П	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							103.00
ACCOUNT NO. A0914700431	┢	Н	OPEN ACCOUNT OPENED 2/2012		T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							91.00
ACCOUNT NO. Braam001b		w	OPEN ACCOUNT OPENED 10/2013	+		T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							89.00
ACCOUNT NO. A0933501527	T	Н	OPEN ACCOUNT OPENED 2/2012	1	T	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							77.00
ACCOUNT NO. A1108900748 Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221		Н	OPEN ACCOUNT OPENED 2/2012				72.00
ACCOUNT NO. A1201600830	┝	Н	OPEN ACCOUNT OPENED 9/2012	+	╁	+	72.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							39.00
ACCOUNT NO. A1115800602	╁	Н	OPEN ACCOUNT OPENED 2/2012	十	┢	\dagger	00.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							
Sheet no. 2 of 24 continuation sheets attached to	_	Щ.			L	T	28.00
Sheet no. 2 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	this ort al Stati	To so e stic	(e) tal on cal	s 499.00

B6F (Offici	al Korm	6EX (12/07)	- Cont
BOP IVINCI	ai rorm	OF 1 (12/0/)	ı - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Debtor(s)		(If known)

		-(1	Continuation Sheet)				
CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, MIFE, IOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A1304300333	一	Н	OPEN ACCOUNT OPENED 4/2014	T		Г	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							28.0
ACCOUNT NO. A1213200317		Н	OPEN ACCOUNT OPENED 7/2013				
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							50.0
ACCOUNT NO. 117043195	╁	w	OPEN ACCOUNT OPENED 6/2013	T	Γ	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							50.0
ACCOUNT NO. Staad001a	1	Н	OPEN ACCOUNT OPENED 3/2014				
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							46.0
ACCOUNT NO. A1022800635	\dagger	Н	OPEN ACCOUNT OPENED 2/2012	T	T	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							42.0
ACCOUNT NO. A1230500533	+	Н	OPEN ACCOUNT OPENED 4/2014	+	t	\dagger	72.0
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							28.0
ACCOUNT NO 119611233	\dagger	Н	OPEN ACCOUNT OPENED 6/2013	\dagger	\dagger	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							25.0
Sheet no 3 of 24 continuation sheets attached to		Т		_L Su	bto	tal	
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Use only on last page of the completed Schedule F. Repethe Summary of Schedules, and if applicable, on the	this ort a	pag To Iso	ge) tal on	s 269.0
			Summary of Certain Liabilities and Rela				s

RAF	(Official	Form 6F	(12/07)	- Cont
BO L	COMCIAI	rormor	1112/0/1	· Com.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Debtor(s)		(If known)

		((Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	соревтоя	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	OHE POSIC	Calcian	AMOUNT OF CLAIM
ACCOUNT NO. 139299073	┢	Н	OPEN ACCOUNT OPENED 9/2013	- -	T	T	1	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								25.00
ACCOUNT NO. 131891043	Τ	Н	OPEN ACCOUNT OPENED 6/2013	T	Г	T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								25.00
ACCOUNT NO. 134895273	T	Н	OPEN ACCOUNT OPENED 6/2013	\dagger	t	t	\dagger	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								24.00
ACCOUNT NO. 122379323	T	Н	OPEN ACCOUNT OPENED 6/2013	T	T	T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								23.00
ACCOUNT NO. 133727763	\dagger	Н	OPEN ACCOUNT OPENED 6/2013	十	\dagger	\dagger	\dagger	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								22.00
ACCOUNT NO. 105081313	╁	Н	OPEN ACCOUNT OPENED 6/2013	+	\dagger	\dagger	+	22.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221	1							22.00
ACCOUNT NO 105081303	+	Н	OPEN ACCOUNT OPENED 6/2013	+	\dagger	\dagger	\dagger	22.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								
				\perp		\perp		21.00
Sheet no. 4 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of		bto pag To	gc)	\$	162.00
			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	Stati	lso isti	on cal		

RAF	teisiff())	Form 6F	(12/07)	- Cont

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No(If known)
Debtor(s)	(II KNOWN)

			Continuation Sheet)	,			
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 134890663	\vdash	Н	OPEN ACCOUNT OPENED 6/2013	T			
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. A1233400570		Н	OPEN ACCOUNT OPENED 4/2014				
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							414.00
ACCOUNT NO. Braam001a	\dagger	w	OPEN ACCOUNT OPENED 10/2013	1		┢	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							840.00
ACCOUNT NO. A1006300608	t	Н	OPEN ACCOUNT OPENED 2/2012	十	T	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							342.00
ACCOUNT NO. 135283573	\dagger	н	OPEN ACCOUNT OPENED 9/2013	\top	T	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							274.00
ACCOUNT NO. A0916300533	+	Н	OPEN ACCOUNT OPENED 2/2012	\dagger	t	t	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							219.00
ACCOUNT NO A0934100378	+	Н	OPEN ACCOUNT OPENED 2/2012	+	\dagger	\dagger	210.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221	4						179.00
Sheet no. 5 of 24 continuation sheets attached to		ــــــــــــــــــــــــــــــــــــــ			blo		
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Use only on last page of the completed Schedule F. Repethe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relationary	ort al Stati	To so	tal on cal	

B6F (Official For	m 6F) (12/07) - Cont.
-------------------	-----------------------

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

			Continuation Sneet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF. SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A1029400740		Н	OPEN ACCOUNT OPENED 2/2012	m		П	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							177.00
ACCOUNT NO. 80548307	H	Н	OPEN ACCOUNT OPENED 2/2013		П	П	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							172.00
ACCOUNT NO. A0922500145	-	н	OPEN ACCOUNT OPENED 2/2012	╁	-	Н	172.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							167.00
ACCOUNT NO. A0919400332	H	Н	OPEN ACCOUNT OPENED 2/2012	-		$ \cdot $	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							167.00
ACCOUNT NO. A1001900243	┢	Н	OPEN ACCOUNT OPENED 2/2012	T	-	H	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							131.00
ACCOUNT NO. A1123700231	t	Н	OPEN ACCOUNT OPENED 8/2012	 	┢	H	.01.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							108.00
ACCOUNT NO. A1124402266	+	Н	OPEN ACCOUNT OPENED 8/2012	+	\vdash	Н	108.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							105.00
Sheet no. 6 of 24 continuation sheets attached to	<u>1</u>	<u> </u>		Sut	lot	LL! al	103.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	nis p t als tatis	Tota So o	e) al on al	s 1,027.00

@ 1993-2013 EZ-Filing, inc [1-800-998-2424] - Forms Software Only

B6F (Official Form 6F) (12/07) - Cont

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Debtor(s)		(If known)

		((Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO. 121806793		н	OPEN ACCOUNT OPENED 6/2013	T		Γ		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.	.00
ACCOUNT NO. 121244033		Н	OPEN ACCOUNT OPENED 6/2013			Г		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.	.00
ACCOUNT NO. 122292613	-	Н	OPEN ACCOUNT OPENED 6/2013	†	T	T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.	.00
ACCOUNT NO. 147870543	-	н	OPEN ACCOUNT OPENED 5/2014	╁	T	T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.	.00
ACCOUNT NO. 148204123	╁	Н	OPEN ACCOUNT OPENED 5/2014	\dagger	T	\dagger		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.	.00.
ACCOUNT NO. 150359003	+	н	OPEN ACCOUNT OPENED 5/2014	\dagger	T	t		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.	ኒበስ
ACCOUNT NO. 150359033	+	Н	OPEN ACCOUNT OPENED 5/2014	十	t	\dagger	1	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								
100000, 111 09221		L			L	\perp	20.	.00
Sheet no. 7 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	this	btot pag Tot	ge)	s 140.	.00
			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	rt al Stati	so o	on cal	s	

36 E	(Official	Form 6F	(12/07)	- Cont
sor	COHICIAL	rorm or	1112/0/1	· Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

	_	- (1	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOPE, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 154718483	H	Н	OPEN ACCOUNT OPENED 5/2014	Ħ		Г	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. 157217623		Н	OPEN ACCOUNT OPENED 5/2014	T			
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. 128299913	╁╴	Н	OPEN ACCOUNT OPENED 5/2014	十	一	一	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. 137146913	T	Н	OPEN ACCOUNT OPENED 9/2013		Γ		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. 133726323	\dagger	Н	OPEN ACCOUNT OPENED 9/2013	\dagger		T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. 135263973	\dagger	Н	OPEN ACCOUNT OPENED 9/2013	\dagger	T	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. 130621303	\dagger	Н	OPEN ACCOUNT OPENED 6/2013	\dagger	T	┢	
Americollect Inc Attn: Bankruptcy Po Box 1566							
Manitowoc, WI 54221							20.00
Schedule of Creditors Holding Unsecured Nonpriority Claims		- 	(Total of	Sul		e)	s 140.00
			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	Stati	so o stic	on :al	s

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

OCE.	(ORIGINA)	T7	C125 /	11/03	Comt
sor i	(Official	rorm	0r)(12/0/1	- Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

			Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE JOINT. OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOPF SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 131891013	_	Н	OPEN ACCOUNT OPENED 6/2013	T		П	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							20.00
ACCOUNT NO. 133902733		Н	OPEN ACCOUNT OPENED 6/2013	T	Г	П	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							19.00
ACCOUNT NO. 133902743	\dagger	Н	OPEN ACCOUNT OPENED 6/2013	╁╴	┢	Н	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							18.00
ACCOUNT NO. 134461583	T	Н	OPEN ACCOUNT OPENED 6/2013	T	T	Г	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							18.00
ACCOUNT NO. 134535823	\vdash	Н	OPEN ACCOUNT OPENED 6/2013	+	┢	-	10.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							18.00
ACCOUNT NO. 105081323	+	Н	OPEN ACCOUNT OPENED 6/2013	十	t		10.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							4-0
1 000 UNITED 10 422704052	╀	Н	OPEN ACCOUNT OPENED 6/2013	╁	┝	\vdash	17.00
ACCOUNT NO. 122704053 Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221			CI EN ACCOUNT OF LINED 0/2010				
Hamiowoo, Wi 34221							17.00
Sheet no. 9 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	•		e)	s 127.00
			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relat	rt al: Stati	so c stic	on al	s

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		((Continuation Sheet)		_			
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF. SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED		AMOUNT OF CLAIM
ACCOUNT NO. Staad001	T	Н	OPEN ACCOUNT OPENED 3/2014		Г	T		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								16.00
ACCOUNT NO. 130249593		н	OPEN ACCOUNT OPENED 6/2013	Т	Γ	Γ	Г	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								16.00
ACCOUNT NO. A1208100743		Н	OPEN ACCOUNT OPENED 6/2013	\dagger	T	t	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								15.00
ACCOUNT NO. A1115100787	t	Н	OPEN ACCOUNT OPENED 2/2012	\dagger	T	\dagger	\dagger	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221	T							14.00
ACCOUNT NO. 131378433	╁	Н	OPEN ACCOUNT OPENED 6/2013	\dagger	十	\dagger	\dagger	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221	-							14.00
ACCOUNT NO. 122544963	╁	Н	OPEN ACCOUNT OPENED 6/2013	+	\dagger	\dagger	+-	14.00
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								44.00
10000 1000 100 100 100 100 100 100 100	+	Н	OPEN ACCOUNT OPENED 6/2013	+	+	+	+	14.00
ACCOUNT NO 106745223 Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221		n	OF EN ACCOUNT OF ENED WAVIS					
					Ţ	\perp	4	13.00
Sheet no. 10 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o				\$	102.00
			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rel	Stat	lso istic	on cal		

@ 1993-2013 EZ-Filing, Inc. [1-800-598-2424] - Forms Software Only

186	F /	'n	fficial	Form	(E)	(12/07)	- Cont
NO	г	w	HICIAL	rurm	ULI	112/0/	C.OHI

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		,,	Continuation Silecty				
CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATIE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF. SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 121806823	\vdash	Н	OPEN ACCOUNT OPENED 6/2013	1	T	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							13.00
ACCOUNT NO. 131378443	Γ	Н	OPEN ACCOUNT OPENED 6/2013	T	Γ	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							42.00
44440402	┝	Н	OPEN ACCOUNT OPENED 6/2013	+	╁	╁	13.00
ACCOUNT NO. 114120193 Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221			OPEN ACCOUNT OF ENED 0/2010				12.00
ACCOUNT NO. 128858643	t	Н	OPEN ACCOUNT OPENED 6/2013	\dagger	T	T	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							12.00
ACCOUNT NO. 122292623	t	Н	OPEN ACCOUNT OPENED 6/2013	1	T	Ť	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							12.00
ACCOUNT NO. 106405213	\dagger	Н	OPEN ACCOUNT OPENED 6/2013	\top	t	十	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221							40.00
ACCOUNT NO. 117631523	+	Н	OPEN ACCOUNT OPENED 6/2013	+	+	+	12.00
ACCOUNT NO. 117631523 Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221			OF EN AGGODITY OF ENED WEST				
				\perp		\perp	12.00
Sheet no11 of24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of		bio pag To	ge)	
			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	Stat	istic	cal	

B6F (Official Form 6F) (12/07) - Cont.	36F	(Official	Form	6F) ((12/07)	- Cont.
--	-----	-----------	------	-------	---------	---------

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		((Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOPF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPLITED	22.2	AMOUNT OF CLAIM
ACCOUNT NO. A1103900742	 -	Н	OPEN ACCOUNT OPENED 2/2012	\top	T	T	†	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								11.00
ACCOUNT NO. 109491623		Н	OPEN ACCOUNT OPENED 6/2013		Γ	Γ		
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								11.00
ACCOUNT NO. 128858633	ļ	Н	OPEN ACCOUNT OPENED 6/2013	\dagger	T	T	1	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								11.00
ACCOUNT NO. 106393183	T	Н	OPEN ACCOUNT OPENED 6/2013	\top	T	T		-
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								10.00
ACCOUNT NO. 122490883	t	Н	OPEN ACCOUNT OPENED 6/2013	+	T	T	+	
Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221								10.00
ACCOUNT NO. 10637217	+	J	Medical Collection	十	t	†	+	
Associated Collectors Inc POB 1039 Janesville, WI 53547-1039								
	╀	╀.	Madical Callection	+	+	+	+-	73.09
ACCOUNT NO. 10275328 Associated Collectors Inc POB 1039 Janesville, WI 53547-1039		J	Medical Collection					
				\perp	\perp			215.12
Sheet no. 12 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of			ge)) <u> s</u>	341.21
			(Use only on last page of the completed Schedule F. Repethe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relationships of	ort al Stati	lso istic	on cal		

B6F	(Official	Form	6F) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(lf known)

	,	((Continuation Sheet)	,	_		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOPF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2248140	T	w	OPEN ACCOUNT OPENED 0/	T			
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547							425.00
ACCOUNT NO. 1990323		w	OPEN ACCOUNT OPENED 0/	Π	Γ	П	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547							108.00
ACCOUNT NO. 2437145	T	W	OPEN ACCOUNT OPENED 0/	T	Γ	П	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547							132.00
ACCOUNT NO. 2623169	T	w	OPEN ACCOUNT OPENED 0/	T		П	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547	1						126.00
ACCOUNT NO. 2409304	╁	w	OPEN ACCOUNT OPENED 0/	†	T		
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547							202.00
ACCOUNT NO. 2553464	+	Н	OPEN ACCOUNT OPENED 0/	\dagger	T	\vdash	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547							251.00
ACCOUNT NO. 2517445	+	Н	OPEN ACCOUNT OPENED 0/	\dagger	T	t	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547							000 00
Sheet no. 13 of 24 continuation sheets attached to		1		Su	bto	<u>l</u> lal	223.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the	rt al	Tot	lal on	s 1,467.00

@ 1953-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

B6F (Official Form 6F) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No
Debtor(s)	(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		((Continuation Sheet)					 -
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED		AMOUNT OF CLAIM
ACCOUNT NO. 2407067	一	w	OPEN ACCOUNT OPENED 0/	1	T	T	1	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547								53.00
ACCOUNT NO. 1988735		Н	OPEN ACCOUNT OPENED 0/			Γ		
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547								37.00
ACCOUNT NO. 2378167	\vdash	Н	OPEN ACCOUNT OPENED 0/	1	T	T	T	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547								54.00
ACCOUNT NO. 2384836	T	w	OPEN ACCOUNT OPENED 0/	\top	T	T	\top	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547								54.00
ACCOUNT NO. 2398218	\dagger	w	OPEN ACCOUNT OPENED 0/	十	t	t	十	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547								70.00
ACCOUNT NO. 1992246	+	w	OPEN ACCOUNT OPENED 0/	+	t	十	十	
Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547								67.00
ACCOUNT NO. 5268-3500-4270-9670	\dagger	w	REVOLVING ACCOUNT OPENED 1/2011	十	T	†	+	
Bby/cbna								1,111.00
Sheet no. 14 of 24 continuation sheets attached to		 _	L		bto			
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of (Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rel	ort al Stati	To so	otal on cal		1,446.00

© 1993-2013 EZ-Filing, Inc [1-600-998-2424] - Forms Software Only

B6F (Official Form 6F) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		()	Continuation Sheet)			_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF. SO STATE	CONTINGENT	UNLIQUIDATED	DISPLITED	AMOUNT OF CLAIM
ACCOUNT NO.	Т		Assignee or other notification for:	T		T	
Estate Information Services LLC P.O. Box 1730 Reynoldsburg, OH 43068-8730			Bby/cbna				
ACCOUNT NO. 300181078	}	J	Medical Bill	\dagger	\vdash	t	
Beloit Health System 1969 West Hart Road Beloit, WI 53511							285.
ACCOUNT NO. N00116792	╁	J	Medical Bill	\dagger	t	t	203.6
Beloit Health System 1969 West Hart Road Beloit, WI 53511							20.0
ACCOUNT NO. 026176412	╁	J	Medical Bill	+	t	\dagger	20.
Beloit Health System 1969 West Hart Road Beloit, WI 53511							50.
ACCOUNT NO. 300059326	┢	J	Medical Bill	\dagger	t	t	
Beloit Health System 1969 West Hart Road Beloit, WI 53511				į			40.
ACCOUNT NO. 300222069	╁	J	Medical Bill	+	\dagger	\dagger	40.
Beloit Health System 1969 West Hart Road Beloit, WI 53511							
ACCOUNT NO. 300221770	-	J	Medical Bill	+	+	+	125.
Beloit Health System 1969 West Hart Road Beloit, WI 53511							
							40.
Sheet no. 15 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of		bto pag		
			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	Stati	lso isti	çal	

B6F (Official Form 6F) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		- (1	Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (New Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	TALIOUDATED	OSER COLONIES	DISPUIED	AMOUNT OF CLAIM
ACCOUNT NO. 300044981	T	J	Medical Bill	1	T	T	1	
Beloit Health System 1969 West Hart Road Beloit, WI 53511								20.00
ACCOUNT NO. 300200415	 	J	Medical Bill	1	T	T	1	
Beloit Health System 1969 West Hart Road Beloit, WI 53511								285.88
A CCOLINE NO. 200362643	┝	J	Medical Bill	+	†	\dagger	+	200.00
ACCOUNT NO. 300362643 Beloit Health System 1969 West Hart Road Beloit, WI 53511			inedical bili					
20020000	\vdash	J	Medical Bill	+	+	+	+	40.00
ACCOUNT NO. 300329682 Beloit Health System 1969 West Hart Road Beloit, WI 53511		J	medicar biii					496.00
ACCOUNT NO. 300331816	\vdash	J	Medical Bill	+	+	+	+	186.00
Beloit Health System 1969 West Hart Road Beloit, WI 53511								125.00
ACCOUNT NO. 300347287	+	J	Medical Bill	+	+	\dagger	\dashv	125.00
Beloit Health System 1969 West Hart Road Beloit, WI 53511								
	1	<u>_</u>		\downarrow	+	4	\downarrow	73.09
ACCOUNT NO. 102310 Beloit Health System Clinics 1905 Huebbe Pkwy Beloit, WI 53511-1842		J	Medical Bill					
16.6 24	L	L_		<u>ا</u> .	 ubte		\dashv	128.68
Sheet no. 16 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rel	this ort a Stat	r To also tist	ige ota o or ica) 	s 858.65 S

@ 1993-2013 E2-Filing, Inc. [1-800-998-2424] - Forms Software Only

36F ((Official	Form 6F) (12/07) - C.ont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		. ,	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOPF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 87108	┢	J	Medical Bill	\top		П	
Beloit Health System Clinics 1905 Huebbe Pkwy Beloit, WI 53511-1842							20.00
ACCOUNT NO. BRAAM001		J	Medical Bill	1	Г		
Beloit Radiology LTd 2101 Riverside Dr Beloit, WI 53511							88.40
ACCOUNT NO. STAAD001	+	J	Medical Bill	╁	-	H	00.40
Beloit Radiology LTd 2101 Riverside Dr Beloit, WI 53511							61.71
ACCOUNT NO. 4663090115281579	╁	w	REVOLVING ACCOUNT OPENED 8/2007	\dagger	H	H	
Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130							835.00
ACCOUNT NO. 5155990056805181	\vdash	Н	REVOLVING ACCOUNT OPENED 10/2009	Ť	T	H	
Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130							576.00
ACCOUNT NO. 4003-4470-1540-0510	\dagger	Н	REVOLVING ACCOUNT OPENED 4/2008	+	T	H	
Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130							2,039.00
ACCOUNT NO.	T		Assignee or other notification for:	T	T	Γ	
Nelson WAtson & Assoc., LLC 80 Merrimack Street, Lower Level Haverhill, MA 18300			Capital One, N.a.				
Sheet no 17 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	1	1	(Total of	this		e)	s 3,620.11
			(Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	ort al: Stati	stic	on cal	s

DATE	(Official	Farm	6171	12/07\	Cont
1361	COIDCIAL	rorm	. 6P) (12/0/1	- Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

			Continuation Sheet)		_		
CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER. (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5155990002156119	<u> </u>	w	REVOLVING ACCOUNT OPENED 10/2006	П		П	
Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130							1,408.00
ACCOUNT NO. 4227-6510-2913-7055	<u> </u>	w	REVOLVING ACCOUNT OPENED 12/1990			П	
Chase Bp Prvt Lbl 225 Chastain Meadows Court Kennesaw, GA 30144							075.00
40440744047047	-		REVOLVING ACCOUNT OPENED 1/2009	-	_	-	975.00
ACCOUNT NO. 4011353100472135 Chase Card Po Box 15298 Wilmington, DE 19850			REVOLVING ACCOUNT OPENED 1/2009				
ACCOUNT NO. 9101360000570176	-	w	OPEN ACCOUNT OPENED 2/2014	╁	\vdash	-	2,543.00
Creditors Protection S Po Box 4115 Rockford, IL 61101							77 00
ACCOUNT NO. 101033296	-	J	Medical Bill	t	 -	_	88.00
Dean Clinic 1802 W. Beltline Highway Madison, WI 53713							
ACCOUNT NO. 537289	-	J	Medical Bill	\vdash	\vdash	-	59.99
Dr. Zarnke 2350 N. Rockton Avenue Suite 510 Rockford, IL 61103							
1.000 UNIT NO. 444427	1	J	Medical Bill	-		-	518.47
ACCOUNT NO. 111437 Gailey Eye Clinic, LTD PO Box 757 Bloomington, IL 61702-0757			inedical Dill				
Charters 18 of 24		<u></u>		L.,	L		158.00
Sheet no. 18 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	t als	rage Fot so c stic	e) al on al	s 5,750.46

B6F (Official Form 6F) (12/07) - Cont.	B6F (Officia	I Form 6F	(12/07) -	Cont.
--	--------------	-----------	-----------	-------

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		((Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	г
ACCOUNT NO. 14222519	T	w	OPEN ACCOUNT OPENED 0/	\dagger	T	T		
Harris Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604							1,10	9.00
ACCOUNT NO. 14362764	T	w	OPEN ACCOUNT OPENED 4/2009	T		T		
Harris Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604				į			65	0.00
ACCOUNT NO. 14137		J	Medical Bill	T	T	T		
Harry W Darland, MD 2350 N. Rockton Suite 209 Rockford, IL 61103							80	7.14
ACCOUNT NO. 46478	╁	J	Medical Bill	十	t	╁	00	7.14
Home Health United 2802 Walton Commons Lane Madison, WI 53718					1			
ACCOUNT NO. 6393050372971473	\vdash	w	REVOLVING ACCOUNT OPENED 10/2003	+	╀	+	2	0.11
Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051							3,09	n nn
ACCOUNT NO. 8054-8307	╁	J	Medical Bill	+	t	\dagger	3,03	
Mercy Health System 1000 Mineral Point Ave Janesville, WI 53545							,	0.00
ACCOUNT NO. 8054-8307	+	J	Medical Bill	+	\dagger	\dagger		
Mercy Health System 1000 Mineral Point Ave Janesville, WI 53545								
	L			\perp	L	\perp	26	1.68
Sheet no. 19 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	this	То	ge) tal	s 5,95	7.93
			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	Stati	istic	cal	s	

B6F (Official Form 6F) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Debtor(s)		(If known)

			Continuation Sheet)				
CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8054-8307	\vdash	J	Medical Bill	Н	Н	H	
Mercy Health System 1000 Mineral Point Ave Janesville, WI 53545							20.00
ACCOUNT NO. 8563429207	┢	Н	OPEN ACCOUNT OPENED 5/2014	Н	\vdash	H	20.00
Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123							1,884.00
ACCOUNT NO.	\vdash	-	Assignee or other notification for:	H	-	Н	1,004.00
Midland Credit Management, Inc. 8875 Aero Drive, Suite 200 San Diego, CA 92123			Midland Funding				
ACCOUNT NO.	+		Assignee or other notification for:	\vdash	┝	Н	
Kevin W. Mortell 1821 Walden Office Square Ste 400 Schaumburg, IL 60173			Midland Funding				
ACCOUNT NO. 9963082	-	Н	OPEN ACCOUNT OPENED 0/	\vdash	_	Н	
Miramedrg 991 Oak Creek Dr Lombard, IL 60148							
ACCOUNT NO. \$00971540013207817	+	w	OPEN ACCOUNT OPENED 0/	-	H	H	97.00
Mutual Mgmt 401 E State Rockford, IL 61104							
ACCOUNT NO. 2172274	-	J	Medical Bill	╁	┝	\vdash	1,429.00
Northpointe Physicians 1446 N Randall Ave Janesville, WI 53545-1122							
		<u>L_</u>		L	L	Ļ	43.81
Sheet no. 20 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	t als	oag Tot so c stic	e) al on al	s 3,473.81

RAF	m	fficial	Form	6EV	(12/07)	- Cont.
DOL	w	HILLIAN	rom	UPI	1 1 2/ 1/ / 1	~ C.UIII.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		(1	Continuation Sheet)			_		
CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT. OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	Dicont (TED)	DISPOILED	AMOUNT OF CLAIM
ACCOUNT NO. 46465126	Γ	w	OPEN ACCOUNT OPENED 10/2014	\top	T	Ť	T	
Receivables Performanc 20816 44th Ave W Lynnwood, WA 98036								1,327.00
ACCOUNT NO. 67159140		J	Collection account North American Fisherman		T	Ť	T	
RMCB Collection Agency 2269 S. Saw Mill River Rd. Bldg #3 Elmsford, NY 10523								24.00
ACCOUNT NO. 109508	-	J		+	\dagger	\dagger	+	
Rock County State Of Wisconsin Po Box 1649 Janesville, WI 53547-1649								
	_	<u> </u>		+	\downarrow	4	\downarrow	406.50
ACCOUNT NO. 136624 Rockford Gastroenterology Associates 401 Roxbury Rd Rockford, IL 61107		J	Medical Bill				;	1,143.27
ACCOUNT NO. F342007A395	-	J	Medical Bill	\dagger	\dagger	†	\dagger	1,140.27
Rockford Health Physicians 2300 N Rockton Ave Rockford, IL 61103-3619								55.40
ACCOUNT NO. 268STA684631	╀	J	Medical Bill	十	+	+	+	55.40
Rockford Health Physicians 2300 N Rockton Ave Rockford, IL 61103-3619								99.00
ACCOUNT NO. 281STA734808	+	J	Medical Bill	+	+	+	+	88.00
Rockford Health Physicians 6785 Weaver Road, Suite D Rockford, IL 61114								
Sheet no 21 of 24 continuation sheets attached to		<u>L</u> _	<u> </u>	<u>_</u> į.	ıbto		+	307.44
Sheet no 21 of 24 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o (Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rel	this ort a Stat	pa To Iso isti	ge) otal or ical) S	

1993-2013 E2-Filing, Inc. [1-800-998-2424] - Forms Software Only

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Debtor(s)		(If known)

		Continuation Sheet)				
CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
	J	Medical bill	_	t	Ħ	
						70.20
+	J	Medical Bill	\dashv	H	H	70.20
-		Modical Dill	_	╀	H	125.00
	J	Medical Bill				
_	J	Medical Collection	\dashv	+	H	922.44
	10/	OPEN ACCOUNT OPENED 4/2014		╀	H	50.00
		CT EN ACCOUNT OF EINED WILLOW				
-	W	OPEN ACCOUNT OPENED 1/2014	\dashv	╁	H	125.00
+	 	Madical Pill	-	╀	H	125.00
						127.00
10 ms			of this	pag To	e) tal	s 1,544.64
	Tomas	M M M M M M M M M M M M M M M M M M M	J Medical Bill J Medical Bill J Medical Collection W OPEN ACCOUNT OPENED 4/2014 W OPEN ACCOUNT OPENED 1/2014 J Medical Bill (Total	J Medical Bill J Medical Bill J Medical Collection W OPEN ACCOUNT OPENED 4/2014 W OPEN ACCOUNT OPENED 1/2014 J Medical Bill J Medical Bill Summer Sum	J Medical Bill J Medical Bill J Medical Bill W OPEN ACCOUNT OPENED 4/2014 W OPEN ACCOUNT OPENED 1/2014 J Medical Bill To Subto (Total of this page To	J Medical Bill J Medical Bill J Medical Bill W OPEN ACCOUNT OPENED 4/2014 W OPEN ACCOUNT OPENED 1/2014 J Medical Bill Subtotal

@ 1993-2013 EZ-Filing. Inc [1-800-998-2424] - Forms Software Only

B6F (Official Form 6F) (12/07) - Cont.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(If known)

		٠,	Continuation Sheet)				
CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 30016		J	Medical Bills	T			
Rockford Radiology Associates PO Box 44269 Madison, WI 53744-4269							166.72
ACCOUNT NO. 14-306968		J	Ambulance Bill	1	Γ	T	
South Beloit Fire Department Po Box 457 Wheeling, IL 60090-0457							993.60
ACCOUNT NO. 20434434	T	w	Collection for AT&T	\top	T	T	
Sunrise Credit Services Inc POB 9168 Farmingdale, NY 11735-9168							1,327.57
ACCOUNT NO. 10048284	-	H	OPEN ACCOUNT OPENED 5/2013	+	T	t	
The Affiliated Group I Po Box 7739 Rochester, MN 55903							105.00
ACCOUNT NO. 37141753727471	┝	J		+	+	+	105.00
TRS Recovery Services Inc POB 4857 Houston, TX 77210-4857							61.18
ACCOUNT NO. 65461608	╁	w	INSTALLMENT ACCOUNT OPENED 9/2011	十	╁	╁	01.10
United Consumer Financial Services 865 Bassett Rd Westlake, OH 44145			ING TALLMENT AGGGONT OF ENES GIZOT				
				\perp	\downarrow	\downarrow	147.00
ACCOUNT NO. 2961079787798581 Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707		W	INSTALLMENT ACCOUNT OPENED 2/2002				77,999.00
Sheet no. 23 of 24 continuation sheets attached to		1	<u></u>		blo		
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	ort al Stati	To Iso istic	tal on cal	s 80,800.07

26F	(Official	Form	6F)	12/07	- Cont
30 F I	(Onneis)	roim	01.1	12/0/	/ - CUIII.

IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.
Debtor(s)	(if known)

		((Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, MIFE, JOINT. OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF. SO STATE	ENERGENE	IINI TOLIIDATED	DISPLITED	AMOUNT OF CLAIM
ACCOUNT NO. 3961079787798581		W	INSTALLMENT ACCOUNT OPENED 9/2005		T	T	
Us Dept Of Ed/glelsi							
Po Box 7860							
Madison, WI 53707							18,161.00
ACCOUNT NO. H-9169133-7		J		+	\dagger	\dagger	10,10110
UW Health							
600 Highland Ave. MC 2218 Madison, WI 53792							
					1	1	37.24
ACCOUNT NO. P-2192617		J	Medical Bill				
UW Health 7974 UW Health Court							
Middleton, WI 53562-5531				Ì	١		
,					Ì	Ì	40.00
ACCOUNT NO. H-9103375-3		J	Medical Bill		T	T	
UW Health 600 Highland Ave. MC 2218 Madison, WI 53792							
ACCOUNT NO.		_			+	╁	30.59
ACCOUNT NO.					+	1	
ACCOUNT NO.					+	+	
Sheet no. 24 of 24 continuation sheets attached	ed to				ıb!	otal	
Schedule of Creditors Holding Unsecured Nonpriority Cl	aims		(Tota	of this			

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 133,970.04

@ 1993-2013 EZ-Fling, Inc [1-800-998-2424] - Forms Software Only

Case 15-80331 Doc :	Document	Entered 02/11/15 11:49:20 Page 46 of 62	Desc Main
and a second district the second seco			
	* · · · · · · · · · · · · · · · · · · ·		
IBEK OE VAN CONEKANIEAL COALKVCL 2 HOK MONKEZIDEALIVF KEYF HKOLEKIN K FEVZE VAD AVLAKE OE DEBLOK, 2 IALEKEZ.	SLVLE MIELHER FEVZET	NELIES LO FEVER OR CONLEVCT ING VIDDRESS' INCLUDING SIP CODE	OF OTHER PA

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor is the lesser or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract, i.e., "Purchaset," "Agent," etc. State whether debtor is the lesses or lessee of a lease. It a man and address of the child's parent or guardian,

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Debloπ(s)		(It known)
IN RE Starzyk, Adam E. & Starzyk, Amy J.	The second secon	Case No.
86G (Official Form 6G) (70/41)		

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 47 of 62

B611 (Official Form 611) (12/07)		
IN RE Starzyk, Adam E. & Starzyk, Amy J.	Case No.	
Dehtor(s)	(If known)	

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

© 1953-2013 EZ-Filing, inc. [1-800-998-2424] - Forms Software Only

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 48 of 62

Fill in this inf	ormation to identify y	our case:	31. 2. 1. 7.				
_							
Debtor 1 A	dam E. Starzyk Frst Name	Middle Name	Last Name				
Debtor 2 (Spouse, f filing)	Amy J. Starzyk Frst Name	Middle Name	Last Name				
United States B	ankruptcy Court for the: N	lorthern District of Illinois					
Case number					Check if t	his is:	
(If known)					☐ An am	ended filing	
						plement showing poster 13 income as of the	
Official F	orm 6l					DD / YYYY	lollowing date.
		r Income			WIW 7 L	007 1111	12/13
Inches Provinces and American				41	Daland and Dala	2) bath are available	
supplying corr If you are sepa separate sheet	ect information. If yo rated and your spou	ssible. If two married po u are married and not fi se is not filing with you, top of any additional pa	iling jointly, and you , do not include info	ur spo ormati	ouse is living with y ion about your spo	you, include informatio ouse. If more space is n	n about your spouse. eeded, attach a
Fill in your information			Debtor 1			Debtor 2 or non-fi	ling spouse
attach a sei	more than one job, parate page with about additional	Employment status	Employed Not employed	ed		☐ Employed ☐ Not employed	
include part self-employ	-time, seasonal, or ed work.	Occupation	Maintenance	Mech	anic		
	may Include student ker, if it applies.	Cocupation					
		Employer's name	MicroPrecisio	n			
		Employer's address	1201 Anne Street	eet		Number Street	
			and traperty in the same transfer	<u> </u>			
			Delavan, WI 5	3115 State		City	State ZIP Code
		How long employed th	ere? 4 years				
Part 2:	Give Details About	Monthly Income					
		the date you file this fo	rm. If you have noth	ing to	report for any line, w	rite \$0 in the space. Incl	ude your non-filing
If you or yo		ave more than one employ ttach a separate sheet to		matic	on for all employers	for that person on the lin	es
					For Debtor 1	For Debtor 2 or non-filing spouse	
		ary, and commissions (I calculate what the month		2.	\$ 3,820.67	\$0.00	•
3. Estimate	and list monthly over	time pay.		3.	+\$0.00	+ \$0.00_	
4. Calculate	gross income. Add li	ne 2 + line 3.		4.	\$_3,820.67	\$0.00_	

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 49 of 62

Debtor 1	Adam E. Starzyk First Name Midde Name Last Name		Ca	ise number (/kno	w)					
			For	Debtor 1			otor 2 or ng spouse			
Сору	y line 4 here	4.	\$_	3,820.67		\$	0.00			
5. List a	all payroll deductions:									
5a	Tax, Medicare, and Social Security deductions	5a.	s	603.82		s	0.00			
	Mandatory contributions for retirement plans	5b.	\$ \$	0.00		s	0.00			
	Voluntary contributions for retirement plans	5c.	\$	0.00		s	0.00			
	Required repayments of retirement fund loans	5d.	\$	0.00		\$	0.00			
	Insurance	5e.	s_	649.42		\$	0.00			
	Domestic support obligations	5f.	\$	0.00		\$	0.00			
		E a	\$	104.36		s	0.00			
•	Union dues	5g. 5h.	+s	0.00	+	· s	0.00			
	Other deductions. Specify: d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.		1,357.60	,	\$ \$	0.00			
	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,463.07		\$	0.00			
,, .	,		_			-				
	all other income regularly received:									
89.	Net income from rental property and from operating a business, profession, or farm									
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	\$_	0.00		\$	0.00			
Qb.	monthly netincome. . Interest and dividends	8a. 8b.		0.00		s	0.00			
	. Framily support payments that you, a non-filing spouse, or a depende		٠	0.00		·				
OC.	regularly receive									
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00		\$	866.67			
8d.	Unemployment compensation	8d.	\$_	0.00		\$	0.00			
8e	. Social Security	8e.	\$_	0.00		\$	0.00			
8f.	Other government assistance that you regularly receive									
	Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce	\$_	0.00		\$	0.00_			
	Specify:	8f.								
89	. Pension or retirement income	8g.	\$_	0.00		\$	0.00			
8h	. Other monthly income. Specify:	8h.	+\$_	0.00	_	+\$	0.00			
9. Ad	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00	Ĺ	\$	866.67			
	culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	s_	2,463.07	+	\$	866.67	= \$_	3,329.7	4
Incl	te all other regular contributions to the expenses that you list in Schellude contributions from an unmarried partner, members of your household, er friends or relatives.			dents, your roo	mma	ites, an	d			
Do	not include any amounts already included in lines 2-10 or amounts that are	not a	vailab	le to pay exper	nses	listed ir	n Schedule J.			
Spe	ecify:						11.	+ \$_	0.00	
	d the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Schedules and Statistical Summary of C				•			\$_	3,329.74	
									mbined nthly incom	10
	you expect an increase or decrease within the year after you file this No	form	?		·			<u>. </u>		
	Yes. Explain: None									

Official Form 61

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 50 of 62

Fill in this information to identify your ca	se:				
Debtor 1 Adam E. Starzyk		Che	eck if this is:		
Debtor 2 Amy J. Starzyk	Name Last Name		An amended fil	ina	
(Spouse if filing) First Name Middle United States Bankruptcy Court for the: Northern	Name Last Name District of Illinois			showing post-	petition chapter 13 date:
Case number			MM / DD / YYYY		
(If known)					because Debtor 2
Official Form 6J			maintains a sep	oarate nouser	1010
Schedule J: Your E	xpenses				12/13
Be as complete and accurate as possible. information. If more space is needed, attack (if known). Answer every question.	If two married people are filir chanother sheet to this form.	ng together, both are e . On the top of any add	qually responsil litional pages, w	ble for supplyi rite your name	ng correct e and case number
Part 1: Describe Your Househok	ı				
1. Is this a joint case?					
☐ No. Go to line 2. ☑ Yes. Does Debtor 2 live in a separate	e household?				
No ☐ Yes. Debtor 2 must file a sepa	arate Schedule J.				
2. Do you have dependents? Do not list Debtor 1 and	o es. Fill out this information for	Dependent's relations hi Debtor 1 or Debtor 2	p to	Dependent's age	Does dependent live with you?
	ach dependent		pour deballement ou southern her project plan	CONTRACTOR OF THE STREET OF THE STREET OF THE STREET	□_No
Do not state the dependents' names.		Daughter		11	Yes
		Son		15	No Yes
		Son		19	□ No ▼ Yes
					□ No □ Yes
					□ No □ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?	lo es				
Part 2: Estimate Your Ongoing Mo	nthly Expenses				
Estimate your expenses as of your bankru expenses as of a date after the bankruptc applicable date.					
Include expenses paid for with non-cash				Your expe	nses
such assistance and have included it on \$ 4. The rental or home ownership expensi			s and	SERVICE SCHENBERGER SCHENE SERVICE	
any rent for the ground or lot.			4.	\$1,24	0.00
If not included in line 4:			1.000	. 0	00
4a. Real estate taxes4b. Property, homeowner's, or renter's	insurance		4a. 4b.		.00
4b. Property, homeowners, or renters 4c. Home maintenance, repair, and upl			4b. 4c.		.00
4d. Homeowner's association or condo			4d.	\$0.	00

Schedule J: Your Expenses

Official Form 6J

page 1

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 51 of 62

Det	otor 1 Adam E. Starzyk Cas First Name Middle Name Last Name	se number (#known)		
			You	r expenses
5.	Additional mortgage payments for your residence, such as home equity loans	 5.	\$	0.00
6	Utilities:			
•	6a. Electricity, heat, natural gas	6a.	\$	450.00
	6b. Water, sewer, garbage collection	6b.	\$	250.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	s _	400.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	800.00
	Childcare and children's education costs	8.	\$	0.00
	Clothing, laundry, and dry cleaning	9.	\$	100.00
	Personal care products and services	10.	\$	25.00
	Medical and dental expenses	11.	\$	100.00
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	400.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.		14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	125.00
	15d. Other insurance. Specify:	15d.	\$	0.00
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	s	0.00
	17c. Other. Specify:	17c.	s	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as dedu your pay on line 5, Schedule I, Your Income (Official Form 61).	cted from	\$	0.00
19.	Other payments you make to support others who do not live with you.		s	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule	l: Your Income.		
	20a. Mortgages on other property	20 a.	\$	0.00
	20b. Real estate taxes	20 b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	s _	0.00
	20d. Maintenance, repair, and upkeep expenses	20d .	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	s	0.00

Debtor 1

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 52 of 62

Debtor 1	Adam E. Starzyk First Name Middle Name Last Name Case numb	er (/know)			· · · · · · · · · · · · · · · · · · ·
21. Oth	er. Specify:	21.	+\$	0.00	
	r monthly expenses. Add lines 4 through 21. result is your monthly expenses.	22.	s	3,940.00	
23. Calc	ulate your monthly net income.		•	3,329.74	
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	₽	3,323.14	
23b.	Copy your monthly expenses from line 22 above.	23 b.	-\$_	3,940.00	
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c .	s _	-610.26	
24. Do y	ou expect an increase or decrease in your expenses within the year after you file this for	·m?			
	example, do you expect to finish paying for your car loan within the year or do you expect your gage payment to increase or decrease because of a modification to the terms of your mortgage	?			
D 1	lo. _{'es.} None		4		

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 53 of 62

B6 Declaration (Official Form 6 - Decla	ration) (12/07)		
IN RE Starzyk, Adam E. & Star	zyk, Amy J.	Case No	
	Debtor(s)		(lf known)
D	ECLARATION CONCERNING DEBT	OR'S SCHEDULES	
DECLA	RATION UNDER PENALTY OF PERJURY	BY INDIVIDUAL DEB	TOR
	that I have read the foregoing summary and so knowledge, information, and belief.	hedules, consisting of	41 sheets, and that they are
Date: February 6, 2015	Signature: <u>/s/ Adam E. Starzyk</u> Adam E. Starzyk		Debtor
Date: February 6, 2015	Signature: /s/ Amy J. Starzyk		
an angeling a special and an an and an an an and an	Amy J. Starzyk	[If joint	(Joint Debtor, if any) case, both spouses must sign.]
DECLARATION AND S	IGNATURE OF NON-ATTORNEY BANKRUPTO	CY PETITION PREPARER	(See 11 U.S.C. § 110)
compensation and have provided the and 342 (b); and, (3) if rules or guid	hat: (1) I am a bankruptcy petition preparer as de debtor with a copy of this document and the notices lelines have been promulgated pursuant to 11 U.S.6 given the debtor notice of the maximum amount before that section.	and information required u C. § 110(h) setting a maxim	nder 11 U.S.C. §§ 110(b), 110(h), num fee for services chargeable by
Printed or Typed Name and Title, if any. of the bankruptcy petition preparer is responsible person, or partner who seemed to the bankruptcy petition preparer is a seemed to be a seemed t	s not an individual, state the name, title (if any),		No. (Required by 11 U.S.C. § 110.) o number of the officer, principal.
Signature of Bankruptcy Petition Preparer Names and Social Security numbers of is not an individual:	of all other individuals who prepared or assisted in pr	Date reparing this document, unle	ss the bankruptcy petition prepare
	is document, attach additional signed sheets conforure to comply with the provision of title 11 and the 110; 18 U.S.C. § 156.		
DECLARATION UN	DER PENALTY OF PERJURY ON BEHALI	F OF CORPORATION C	DR PARTNERSHIP
I, the	(the president or oth	ner officer or an authorize	ed agent of the corporation or a
member or an authorized agent o (corporation or partnership) nam	f the partnership) of theed as debtor in this case, declare under penalty sheets (total shown on summary page plus	y of perjury that I have re	ead the foregoing summary and
Date:	Signature:		

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

IN RE:	Case No.
Starzyk, Adam E. & Starzyk, Amy J.	Chapter 7
Debtor(s)	•

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

754.65 2015 YTD: Husband's Employment Income

40,923.30 2014: Husband's Employment Income

34,323.99 2013: Husband's Employment Income

3,882.63 2013: Wife's Employment Income

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

600.00 2015 YTD: Wife's Child Support Income

10,400.00 2014: Wife's Child Support Income

10,400.00 2013: Wife's Child Support Income

5,573.92 2013: Husband's Retirement Withdrawal

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint

AMOUNT

AMOUNT

(Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed,

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both

spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

petition is filed, unless the spouses are separated and a joint petition is not filed.)

unless the spouses are separated and joint petition is not filed.)

7. Gif			
None	List all gifts or charitable contributions made wi gifts to family members aggregating less than \$20 per recipient. (Married debtors filing under chap a joint petition is filed, unless the spouses are se	00 in value per individual family member and che ter 12 or chapter 13 must include gifts or contriparated and a joint petition is not filed.)	aritable contributions aggregating less than \$100
8. Lo:			
None	List all losses from fire, theft, other casualty or commencement of this case. (Married debtors fi a joint petition is filed, unless the spouses are se	iling under chapter 12 or chapter 13 must includ	
9. Pa	yments related to debt counseling or bankrupto	ey .	
None	List all payments made or property transferred by consolidation, relief under the bankruptcy law or p of this case.		
A La 475 E	IE AND ADDRESS OF PAYEE w Office Of Crosby & Assoc., P.C. Executive Parkway (ford, IL 61107	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 1/2014	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 1,300.00
One	Flanders Court Place Suite 201 vford, IL 61101-0000	10/2014	1,100.00
475 I	w Office Of Crosby & Assoc., P.C. Executive Parkway «ford, IL 61107	1/2015	600.00
Origi	inally charged \$600.00 for costs, client ref	funded \$265.00 prior to filing. Only char	ged filing fee of \$335.00.
10. O	ther transfers		
None	a. List all other property, other than property transbolutely or as security within two years immechapter 13 must include transfers by either or be petition is not filed.)	ediately preceding the commencement of this c	ase. (Married debtors filing under chapter 12 or
None	b. List all property transferred by the debtor with device of which the debtor is a beneficiary.	in ten years immediately preceding the commen	cement of this case to a self-settled trust or similar
11. C	losed financial accounts		
None	brokerage houses and other financial institution accounts or instruments held by or for either or petition is not filed.)	ding the commencement of this case. Include ares and share accounts held in banks, credit un as. (Married debtors filing under chapter 12 or	checking, savings, or other financial accounts, ions, pension funds, cooperatives, associations, chapter 13 must include information concerning iled, unless the spouses are separated and a joint
12. S	afe deposit boxes		
None	preceding the commencement of this case. (Mar both spouses whether or not a joint petition is fi	ried debtors filing under chapter 12 or chapter 1 (led, unless the spouses are separated and a join	3 must include boxes or depositories of either or t petition is not filed.)
13. S	etoffs		
None	List all setoffs made by any creditor, including a case. (Married debtors filing under chapter 12 c petition is filed, unless the spouses are separate.	or chapter 13 must include information concern	hin 90 days preceding the commencement of this ing either or both spouses whether or not a joint

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



15. Prior address of debtor

None If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

Name of the state of the special

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



[If completed by an individual or individ	ual and spouse]	
I declare under penalty of perjury that I ha thereto and that they are true and correct.	ve read the answers contained in the foregoing statement of financi	al affairs and any attachments
Date: February 6, 2015	Signature /s/ Adam E. Starzyk of Debtor	Adam E. Starzyk
Date: February 6, 2015	Signature /s/ Amy J. Starzyk of Joint Debtor (if any)	Amy J. Starzyk
	ocntinuation pages attached	
Penalty for making a false statement: I	ine of up to \$500,000 or imprisonment for up to 5 years or both.	18 U.S.C. § 152 and 3571.

B8 (Official Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

N RE:		(Case No.
Starzyk, Adam E. & Starzyk, Amy J.		Chapter 7	
	Debtor(s)		
		R'S STATEMENT OF	
PART A – Debts secured by property of state. Attach additional pages if necess		e fully completed for EACH	I debt which is secured by property of the
Property No. 1			
Creditor's Name: Nationstar Mortgage Llc		Describe Property Securing Debt: Single family residence commonly known as 15557 Rockdale, Rd. So	
Property will be (check one): Surrendered Retained			
If retaining the property, I intend to <i>(cl</i>) Redeem the property	heck at least one):		
	Эмистимного применения применения применения применения применения применения применения применения применения	(for examp	ele, avoid lien using 11 U.S.C. § 522(f)).
Property is (check one): Claimed as exempt Not claim	ned as exempt		
Property No. 2 (if necessary)			
Creditor's Name:		Describe Property Secu	aring Debt:
Property will be (check one): Surrendered Retained			
If retaining the property, I intend to (c) Redeem the property Reaffirm the debt Other Explain		(for examp	ole, avoid lien using 11 U.S.C. § 522(f)).
Property is (check one): Claimed as exempt Not claim		(10) Champ	7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
PART B – Personal property subject to undditional pages if necessary.)	nexpired leases. (All three of	columns of Part B must be c	ompleted for each unexpired lease. Attaci
Property No. 1			
Lessor's Name:	Describe Leased Property:		Lease will be assumed pursuant to II U.S.C. § 365(p)(2): Yes No
Property No. 2 (if necessary)			
Lessor's Name:	Describe Leased Property:		Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): Yes No
continuation sheets attached (if any	-		
I declare under penalty of perjury the personal property subject to an unexp		intention as to any propo	erty of my estate securing a debt and/o
Date: February 6, 2015	/s/ Adam E. Starzyi Signature of Debtor		
	/s/ Amy J. Starzyk Signature of Joint D	a. Manaka da ula hakalura perseguinan perseguinan da perseguina da perseguinan da perseguina da perseguinan da perseguina da perseguina da perseguina da per	

Case 15-80331 Doc 1 Filed 02/11/15 Entered 02/11/15 11:49:20 Desc Main Document Page 60 of 62

United States Bankruptcy Court Northern District of Illinois

IN RE:		Case No.
Starzyk, Adam E. & Starzyk, Am	y J.	Chapter 7
	Debtor(s)	•
	VERIFICATION OF CREDIT	OR MATRIX
		Number of Creditors50
The above-named Debtor(s) he	reby verifies that the list of creditors is to	rue and correct to the best of my (our) knowledge.
Date: February 6, 2015	/s/ Adam E. Starzyk Debtor	
	/s/ Amy J. Starzyk Joint Debtor	

Starzyk, Adam E. 15557 Rockdale Rd. South Beloit, IL 61080 Beloit Health System 1969 West Hart Road Beloit, WI 53511 Gailey Eye Clinic, LTD PO Box 757 Bloomington, IL 61702-0757

Starzyk, Amy J. 15557 Rockdale Rd. South Beloit, IL 61080 Beloit Health System Clinics 1905 Huebbe Pkwy Beloit, WI 53511-1842 Harris Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604

A Law Office of Crosby and Associates, PC & American Law Firm, PC 475 Executive Parkway Rockford, IL 61107 Beloit Radiology LTd 2101 Riverside Dr Beloit, WI 53511 Harry W Darland, MD 2350 N. Rockton Suite 209 Rockford, IL 61103

Accounts Receivable Mg 7834 N 2nd St Ste 5 Machesney Park, IL 61115 Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130 Home Health United 2802 Walton Commons Lane Madison, WI 53718

Acct Rcv Svc 5183 Harlem Rd Ste Loves Park, IL 61111 Chase Bp Prvt Lbl 225 Chastain Meadows Court Kennesaw, GA 30144 Kevin W. Mortell 1821 Walden Office Square Ste 400 Schaumburg, IL 60173

Affiliated Surgeons Of Rockford P.O. Box 15730 Loves Park, IL 61132-5730 Chase Card Po Box 15298 Wilmington, DE 19850 Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, Wi 53051

Americollect Inc Attn: Bankruptcy Po Box 1566 Manitowoc, WI 54221 Creditors Protection S Po Box 4115 Rockford, IL 61101 Mercy Health System 1000 Mineral Point Ave Janesville, WI 53545

Amr Eagle Bk 556 Randall Road South Elgin, IL 60177 Dean Clinic 1802 W. Beltline Highway Madison, WI 53713 Midland Credit Management, Inc. 8875 Aero Drive, Suite 200 San Diego, CA 92123

Associated Collectors Inc POB 1039 Janesville, WI 53547-1039 Dr. Zarnke 2350 N. Rockton Avenue Suite 510 Rockford, IL 61103 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123

Associated Collectors, Inc. Attn: Debbie Po Box 1039 Janesville, WI 53547 Estate Information Services LLC P.O. Box 1730 Reynoldsburg, OH 43068-8730 Miramedrg 991 Oak Creek Dr Lombard, IL 60148 Mutual Mgmt 401 E State Rockford, IL 61104 Rockford Health System 2400 North Rockton Avenue Rockford, IL 61103 Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707

Nationstar Mortgage Llc Attn: Bankruptcy 350 Highland Dr Lewisville, TX 75067 Rockford Merantile Agency 2502 S Alpine Road Rockford, IL 61107 UW Health 600 Highland Ave. MC 2218 Madison, WI 53792

Nelson WAtson & Assoc., LLC 80 Merrimack Street, Lower Level Haverhill, MA 18300 Rockford Mercantile 2502 S. Alpine Rd Rockford, IL 61108 UW Health 7974 UW Health Court Middleton, WI 53562-5531

Northpointe Physicians 1446 N Randall Ave Janesville, WI 53545-1122 Rockford Orthopedic Associates Po Box 78620 Milwaukee, WI 53278-8620

Receivables Performanc 20816 44th Ave W Lynnwood, WA 98036 Rockford Radiology Associates PO Box 44269 Madison, WI 53744-4269

RMCB Collection Agency 2269 S. Saw Mill River Rd. Bldg #3 Elmsford, NY 10523 South Beloit Fire Department Po Box 457 Wheeling, IL 60090-0457

Rock County State Of Wisconsin Po Box 1649 Janesville, WI 53547-1649 Sunrise Credit Services Inc POB 9168 Farmingdale, NY 11735-9168

Rockford Gastroenterology Associates 401 Roxbury Rd Rockford, IL 61107 The Affiliated Group I Po Box 7739 Rochester, MN 55903

Rockford Health Physicians 6785 Weaver Road, Suite D Rockford, IL 61114 TRS Recovery Services Inc POB 4857 Houston, TX 77210-4857

Rockford Health Physicians 2300 N Rockton Ave Rockford, IL 61103-3619 United Consumer Financial Services 865 Bassett Rd Westlake, OH 44145